

New York State Department of Health
Child and Adult Care Food Program

SAMPLE

MENU RECORD BOOK

for Infants

DAY CARE CENTER: _____

AGREEMENT NUMBER: _____

MENU RECORD BOOK FOR THE PERIOD

From: _____

To: _____

TO: Child and Adult Care Food Program Sponsors

This Menu Record Book for the Child and Adult Care Food Program has been prepared for your use as a planning tool and as a notebook to record required food service information. It organizes the way cooks plan and prepare meals. It outlines the meal pattern and food components and allows you to write in your menu, serving sizes and number of servings planned, the type and amount of food to prepare and the number of people served.

Please read the instructions and review the examples before you start.

Plan your menus at least two to three weeks in advance. Doing so gives you time to be more creative, take into account food likes and dislikes, purchase economically (e.g., buy specials based on your cold and dry storage capacity), schedule food service staff efficiently (e.g., based on vacations and work load) and use equipment effectively (e.g., avoid overloading oven space). Recycle your menu; repeating it with some minor changes as desired or as necessary. Doing this will minimize the time needed to develop new menus and food purchases will become more routine.

There is no beginning or ending date when using the books. Write on the front cover when you start and finish a book. The menu record may be photocopied if the menu is repeated on another date. Use all available pages before ordering another one.

CACFP's Meal Pattern Requirements and minimum serving sizes for each age group are designed to provide an adequate amount of calories and nutrients for each meal and snack. You may serve larger serving sizes. Be aware that if your program is serving two meals and a snack, which you are providing approximately 75% of the individual's daily nutrient needs.

CACFP approval for the reimbursement of the maximum number of meals and snacks provided by your program is based on the (a) type of program (day care, after school, adult); (b) the time the individual is in care; and (c) for after school and adult programs, the time between meals and snacks. If you have any questions concerning CACFP reimbursement or how to use this book, feel free to contact CACFP at 1-800-942-3858 for assistance.

Original edition developed by: *New Mexico Child, Youth, and Family Department
Preventative Services Division, Family Nutrition Bureau*

Reprinted 1/03

INSTRUCTIONS FOR COMPLETING MENU RECORD FOR INFANTS

1. DATE

Record the date when each menu is served

2. MEAL PATTERN

The meal pattern specifies the required food components that must be served to each age group in order to claim a meal or a snack for CACFP reimbursement.

3. MENU

Using the meal pattern as a guide, record the actual food items served next to each food component that is listed.

Examples:

- a) If you are serving infant rice cereal for breakfast, write it in box 3 on the breakfast menu.
- b) If you are serving Similac with Iron, breast milk and apple juice for snack, write all three in box 1 of the snack menu.

NOTE: Ensure that menu items are creditable food components by referring to "Crediting Foods in CACFP."

4. TOTAL AMOUNTS USED

Record the total amount of each food and beverage served. Use measures such as ounces or quarts for breast milk and iron-fortified formulas.

Record common purchase units and the amount used for other items.

Examples:

- a) 1 - 8 oz. box of infant rice cereal
- b) 2 - 6 oz. jars of strained plums
- c) $\frac{3}{4}$ - 4 oz. box of zwieback toast
- d) $\frac{1}{2}$ - 16 oz. container cottage cheese
- e) $\frac{1}{2}$ - dozen egg yolks

5. ACTUAL NUMBER SERVED

Record the actual number of infants served in each category.

The menu record may be photocopied if the menu is repeated on another date. Be sure to note the new date and any changes made to the menu or the number of infants served.

INFANT MEAL PATTERN

			Required Minimum Quantities		
	FOOD COMPONENTS	FOOD ITEMS	Birth through 3 months	4 through 7 months	8 through 11 months
BREAKFAST	Breast Milk or Infant Formula		4-6 fl. oz.	4-8 fl. oz.	6-8 fl. oz.
	Vegetable/Fruit		0	0	1-4 Tbsp.
	Infant Cereal		0	0-3 Tbsp.	2-4 Tbsp.
SNACK	Breast Milk or Infant Formula		4-6 fl. oz.	4-6 fl. oz.	2-4 fl. oz.
	Bread or	Whole Grain or Enriched Bread <i>or</i>	0	0	0-1/2 slice
	Cracker Type Product	Whole Grain or Enriched Cracker Type Product <i>or</i>	0	0	0-2 crackers
		Teething Biscuit, Arrowroot Cookies	0	0	0-2 each
LUNCH OR SUPPER	Breast Milk or Infant Formula		4-6 fl. oz.	4-8 fl. oz.	6-8 fl. oz.
	Vegetable/Fruit		0	0-3 Tbsp.	1-4 Tbsp.
	Infant Cereal and/or	Infant Cereal <i>or</i>	0	0-3 Tbsp.	2-4 Tbsp.
	Meat/Meat Alternate	Lean Meat, Poultry or Fish <i>or</i>	0	0	1-4 Tbsp.
	(a serving is the amount of meat/meat alternate without bones, breading, etc.)	Egg Yolk <i>or</i>	0	0	1-4 Tbsp.
		Cooked dry beans, peas or lentils <i>or</i>	0	0	1-4 Tbsp.
		Cheese <i>or</i>	0	0	1/2-2 oz.
		Cottage Cheese <i>or</i>	0	0	2-8 Tbsp.
		Cheese Food or Cheese Spread	0	0	1-4 oz.

Infant formula and dry infant cereal shall be iron-fortified.

Breast milk or formula, or portions of both, may be served. However, it is recommended that breast milk be served in place of formula from birth through 11 months.

For breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

The provider must supply at least one component of the meal to request reimbursement, either formula or the optional food item. See the chart on page 2.

Full-strength fruit juice may be substituted for breast milk or infant formula as a snack for 8 through 11 months old infants only.

See DOH-CACFP Policy Memos No. 47 and No. 83 for additional information.

Is this infant meal reimbursable?

Birth-3 months			
	If parent supplies formula	If parent supplies breast milk	If provider supplies formula
Breakfast	NO	YES	YES
Lunch and Supper	NO	YES	YES
Snack	NO	YES	YES

4-7 months*			
	If parent supplies formula	If parent supplies breast milk	If provider supplies formula
Breakfast	To be claimed, the provider must serve: infant cereal	YES	YES
Lunch and Supper	To be claimed, the provider must serve: infant cereal and/or vegetable and/or fruit	YES	YES
Snack	NO	YES	YES

8 months to first birthday			
	If parent supplies formula	If parent supplies breast milk	If provider supplies formula
Breakfast	To be claimed, the provider must serve: 2-4 tablespoons infant cereal and 1-4 tablespoons vegetable and/or fruit		
Lunch and Supper	To be claimed, the provider must serve: 2-4 tablespoons infant cereal and/or 1-4 tablespoons meat, fish, poultry, egg yolk or cooked dry beans or peas or 1/2-2 oz. cheese or 2-8 Tbsp. cottage cheese or 1-4 oz. cheese food, and 1-4 tablespoons vegetable and/or fruit		
Snack	To be claimed, the provider must serve: A bread or cracker type product	YES	YES
Provider can supply 2-4 oz. fruit juice in place of formula (at snack time only)			
<p>NOTE: A CACFP income eligible day care home provider can only claim meals served to their own child at a mealtime when other enrolled, nonresident children are present.</p> <p>*Because the introduction of solid foods serves an important purpose in an infant's daily diet, solid foods are required as part of a reimbursable meal for infants who are developmentally ready for them. The decision to feed specific foods should always be made in consultation with an infant's parent or guardian.</p>			

**Child and Adult Care Food Program
MENU RECORD FOR INFANTS**

Date: SAMPLE

	Meal Pattern Requirements for Infants					
Use meal pattern appropriate to Age Group	Birth through 3 months	4 through 7 months	8 through 11 months	MENU	TOTAL AMOUNTS USED	NUMBER OF INFANTS SERVED
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	2-4 Fl. Oz. (6)	1. Breast Milk Similac w/Iron	1. 8 oz. 1½ quarts	0-3 months <u>2</u> 4-7 months <u>3</u>
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2. Arrowroot Cookies	2. ½ - 6 oz. box	8-11 months <u>5</u> TOTAL <u>10</u>
SUPPER						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1. Breast Milk Similac w/Iron	1. 16 oz. 2 quarts	
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2. Strained Pears Strained Carrots	2. 1 - 6 oz. jar 1 - 6 oz. jar	0-3 months <u>2</u> 4-7 months <u>3</u>
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3. Infant Barley Cereal Strained Turkey	3. ½ - 8 oz. box 2 - 2½ oz. jars	8-11 months <u>5</u> TOTAL <u>10</u>

NOTES:

- (1) Infant formula and dry infant cereal shall be iron-fortified.
 (2) Breast milk or formula, or portions of both, may be served. However, it is recommended that breast milk be served in place of formula from birth through 11 months.
 (3) For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
 (4) A serving of this component is optional. Where optional components are listed, the provider must supply at least one component of the meal to request reimbursement, either the formula or the optional food item.
 (5) A serving of this component is required only when the infant is developmentally ready to accept it.
 (6) Full-strength fruit juice may be substituted for breast milk or infant formula as a snack for 8 through 11 months only.

**Child and Adult Care Food Program
MENU RECORD FOR INFANTS**

Date: SAMPLE

Use meal pattern appropriate to Age Group	Meal Pattern Requirements for Infants			MENU	TOTAL AMOUNTS USED	NUMBER OF INFANTS SERVED
	Birth through 3 months	4 through 7 months	8 through 11 months			
BREAKFAST						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1. Breast Milk Similac w/Iron	1. 12 oz. 2 quarts	0-3 months <u>2</u>
2. Vegetable and/or Fruit	0	0	1-4 Tbsp.	2. Strained Peaches	2. 1 - 6 oz. jar	4-7 months <u>3</u>
3. Infant Cereal (1)	0	0-3 Tbsp. (4,5)	2-4 Tbsp.	3. Infant Rice Cereal	3. 1 - 8 oz. box	8-11 months <u>5</u>
						TOTAL <u>10</u>
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	(6)	1. Breast Milk Similac w/Iron Apple Juice	1. 8 oz. 18 oz. $\frac{1}{2}$ - 46 oz. can	0-3 months <u>2</u>
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2. Zwieback Toast	2. $\frac{1}{4}$ - 4 oz. box	4-7 months <u>3</u>
						8-11 months <u>5</u>
						TOTAL <u>10</u>
LUNCH						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1. Breast Milk Similac w/Iron	1. 16 oz. 2 quarts	0-3 months <u>2</u>
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2. Strained Plums	2. 2 - 6 oz. jars	4-7 months <u>3</u>
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3. Infant Oatmeal Cereal Cottage Cheese	3. $\frac{1}{2}$ - 8 oz. box $\frac{1}{2}$ - 16 oz. container	8-11 months <u>5</u>
						TOTAL <u>10</u>

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	Birth through 3 months	4 through 7 months	8 through 11 months			
BREAKFAST						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____
2. Vegetable and/or Fruit	0	0	1-4 Tbsp.	2.	2.	4-7 months _____
3. Infant Cereal (1)	0	0-3 Tbsp. (4,5)	2-4 Tbsp.	3.	3.	8-11 months _____
						TOTAL _____
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	(6)	1.	1.	0-3 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	4-7 months _____
						8-11 months _____
						TOTAL _____
LUNCH						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	4-7 months _____
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	8-11 months _____
						TOTAL _____

Date: _____

NOTES:

(6) Full-strength fruit juice may be substituted for breast milk or infant formula as a snack for 8 through 11 months only.

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	Birth through 3 months	4 through 7 months	8 through 11 months			
BREAKFAST						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1)	0	0-3 Tbsp. (4,5)	2-4 Tbsp.	3.	3.	
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	(6)	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit; Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	
LUNCH						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	

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	Birth through 3 months	4 through 7 months	8 through 11 months			
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	2-4 Fl. Oz. (6)	1.	1.	0-3 months _____ 4-7 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	8-11 months _____ TOTAL _____
SUPPER						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	

NOTES:

- (1) Infant formula and dry infant cereal shall be iron-fortified.
- (2) Breast milk or formula, or portions of both, may be served. However, it is recommended that breast milk be served in place of formula from birth through 11 months.
- (3) For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
- (4) A serving of this component is optional. Where optional components are listed, the provider must supply at least one component of the meal to request reimbursement, either the formula or the optional food item.
- (5) A serving of this component is required only when the infant is developmentally ready to accept it.
- (6) Full-strength fruit juice may be substituted for breast milk or infant formula as a snack for 8 through 11 months only.

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MENU RECORD FOR INFANTS**

Date: _____

	Meal Pattern Requirements for Infants					
Use meal pattern appropriate to Age Group	Birth through 3 months	4 through 7 months	8 through 11 months	MENU	TOTAL AMOUNTS USED	NUMBER OF INFANTS SERVED
BREAKFAST						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1)	0	0-3 Tbsp. (4,5)	2-4 Tbsp.	3.	3.	
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	(6)	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	
LUNCH						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	

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SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	2-4 Fl. Oz. (6)	1.	1.	0-3 months _____ 4-7 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	8-11 months _____ TOTAL _____
SUPPER						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	

NOTES:

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1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____
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3. Infant Cereal (1)	0	0-3 Tbsp. (4,5)	2-4 Tbsp.	3.	3.	8-11 months _____
						TOTAL _____
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	(6)	1.	1.	0-3 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	4-7 months _____
						8-11 months _____
						TOTAL _____
LUNCH						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	4-7 months _____
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	8-11 months _____
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1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	2-4 Fl. Oz. (6)	1.	1.	0-3 months _____ 4-7 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	8-11 months _____ TOTAL _____
SUPPER						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____ 4-7 months _____ 8-11 months _____ TOTAL _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	

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- (1) Infant formula and dry infant cereal shall be iron-fortified.
- (2) Breast milk or formula, or portions of both, may be served. However, it is recommended that breast milk be served in place of formula from birth through 11 months.
- (3) For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
- (4) A serving of this component is optional. Where optional components are listed, the provider must supply at least one component of the meal to request reimbursement, either the formula or the optional food item.
- (5) A serving of this component is required only when the infant is developmentally ready to accept it.
- (6) Full-strength fruit juice may be substituted for breast milk or infant formula as a snack for 8 through 11 months only.

**Child and Adult Care Food Program
MENU RECORD FOR INFANTS**

Date: _____

Use meal pattern appropriate to Age Group	Meal Pattern Requirements for Infants			MENU	TOTAL AMOUNTS USED	NUMBER OF INFANTS SERVED
	Birth through 3 months	4 through 7 months	8 through 11 months			
BREAKFAST						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____
2. Vegetable and/or Fruit	0	0	1-4 Tbsp.	2.	2.	4-7 months _____
3. Infant Cereal (1)	0	0-3 Tbsp. (4,5)	2-4 Tbsp.	3.	3.	8-11 months _____
						TOTAL _____
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	(6)	1.	1.	0-3 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	4-7 months _____
						8-11 months _____
						TOTAL _____
LUNCH						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	0-3 months _____
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	4-7 months _____
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	8-11 months _____
						TOTAL _____

**Child and Adult Care Food Program
MENU RECORD FOR INFANTS**

Date: _____

	Meal Pattern Requirements for Infants					
Use meal pattern appropriate to Age Group	Birth through 3 months	4 through 7 months	8 through 11 months	MENU	TOTAL AMOUNTS USED	NUMBER OF INFANTS SERVED
SNACK (Supplement)						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-6 Fl. Oz.	2-4 Fl. Oz. (6)	1.	1.	0-3 months _____ 4-7 months _____
2. Whole Grain or Enriched Bread or Cracker Type Product or Teething Biscuit, Arrowroot Cookie	0 0 0	0 0 0	0-1/2 Slice (4) 0-2 Crackers (4) 0-2 each (4)	2.	2.	8-11 months _____ TOTAL _____
SUPPER						
1. Breast Milk (2,3) or Infant Formula (1)	4-6 Fl. Oz.	4-8 Fl. Oz.	6-8 Fl. Oz.	1.	1.	
2. Vegetable and/or Fruit	0	0-3 Tbsp. (4)	1-4 Tbsp.	2.	2.	0-3 months _____ 4-7 months _____
3. Infant Cereal (1) or Lean Meat, Poultry or Fish or Egg Yolk or Cooked Dry Beans, Peas, Lentils or Cheese or Cottage Cheese or Cheese Food or Cheese Spread	0 0 0 0 0 0 0	0-3 Tbsp. (4,5) 0 0 0 0 0 0	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2-2 Oz. 2-8 Tbsp. 1-4 Oz.	3.	3.	8-11 months _____ TOTAL _____

NOTES:

- (1) Infant formula and dry infant cereal shall be iron-fortified.
- (2) Breast milk or formula, or portions of both, may be served. However, it is recommended that breast milk be served in place of formula from birth through 11 months.
- (3) For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
- (4) A serving of this component is optional. Where optional components are listed, the provider must supply at least one component of the meal to request reimbursement, either the formula or the optional food item.
- (5) A serving of this component is required only when the infant is developmentally ready to accept it.
- (6) Full-strength fruit juice may be substituted for breast milk or infant formula as a snack for 8 through 11 months only.